,	PATENT A	APPLICATIO Effectiv	₹Đ	09	16	686	43.			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA	E C	OR	OTHER SMALL	
FÇ	184 22	OD NUMBE	ER FILED .	NUMBER E		RAT		1	RATE	FEE
84	SIC FÉE						345.00	OR	W.M.	690.00
TOTAL CLAIMS		48			. 58		·	OR		504
	EPENDENT CL					X39	<b>.</b> T	OR	X78⇒	
MALTIPLE DEPENDENT CLAIM PRESENT						+130		OR	+260=	
. 11	* If the difference in column 1 is less than zero, enter "0" in column 2						u	OR	TOTAL	1194
(Column 1) (Column 2) (Column 3)							LLENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDIMENT	Total	· 52	Minus	- 48	- 4	X\$ 9		OR	X\$18=	72
3	Independent	· 5	Minus	<u>•• 3</u>	-2	X39-		OR	XII.	176
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<b>3</b>	OR	+260=	
07/05/05						ADDIT. F	4	OR	YOYAL ADDIT, FEE	pd
O	, 11021	(Column 1)		(Column 2)	(Column 3)	PO-11. 1		•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENOMENT	Total	. 52	Minus	25	• @	X\$ 9		ОЯ	X\$18=	
AME	independent	• 5	Minus	PENDENT CLAIM	· 0	X39-	:	OR	X78=	
	PHOI PRES	MIRITOR	Actives on	ENDERT OF THE		+130		OR	+260=	
	11L1F	•				ADDIT. F		OR	ADDIT. FEE	Ø
11-14-05 (Column 1) (Column 2) (Column 3)										
MC		CLAIMS REMAINING AFTER AMENOMENT		NUMBER NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	AODI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	. 58	Minus	. 52	. Q	X\$ 9.		OA	XSTS-	300
RE	Independent	5	Minus	·· 5	-0	X39=		OR	X78=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<del></del>	1		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ****TOTAL ADOIT, FEE								OR	+260=	
								OR	ADDIT. FEE	300
The Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  The Tighest Humber Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.										

FORM PTO-875 (Rev. 12/89) Application or Docket Number